

## CHARITY ENROLLMENT FORM

TO: PAYROLL DEPARTMENT, MS-110

FROM: \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
Weekly\* or \_\_\_\_\_  
Monthly\*

I hereby authorize a payroll deduction for contributions to the following charities (please provide the mailing address if you know it):

1. \_\_\_\_\_ \$ \_\_\_\_\_ per pay period

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_ per pay period

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_ per pay period

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Requires a minimum pledge of \$52.00 annually for one charity and \$78.00 for two or more.

Return this form to the Payroll Department, Mail Station 110. Please make a copy of the completed form for your records.

I authorize these deductions(s) to start with my next pay period and continue until I advise when they should stop.